MAXIMUS Federal Services

Case Number:	CM15-0164652		
Date Assigned:	09/02/2015	Date of Injury:	01/23/2004
Decision Date:	10/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63 year old female who reported an industrial injury on 1-23-2004. Her diagnoses, and or impression, were noted to include: lumbar ligament instability; lumbosacral neuritis; lumbar inter-vertebral disc disorder and stenosis; and long-term use of medications. No current imaging studies of the lumbar spine were noted. Her treatments were noted to include: diagnostic imaging studies of the lumbar spine in 1-2014; physical therapy; medication management; chiropractic; and a return to modified work duties. The progress notes of 7-1-2015 reported persistent, severe back pain with the ability to work full-time due to using analgesic creams, which had been denied resulting in her being angry and frustrated. Objective findings were noted to include no acute distress; an antalgic gait; decreased sensation in the bilateral lumbar 4 dermatomes; the frequent shifting of weight during the examination; discomfort with facial grimacing with standing after sitting, and use of both hands to slowly stand; flat lordosis of the lumbar spine; and decreased bilateral Achilles and patella reflexes. The physician's requested treatments were noted to include chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective chiropractic visits X 5 (6/25/14 to 7/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic low back pain. Reviewed of the available medical records showed she has had extensive chiropractic treatments previously, however, there is no evidence of lasting functional improvements. While there is no document of recent flare-ups, the claimant has attended chiropractic treatment on a weekly basic. Based on the guidelines cited, ongoing maintenance care is not recommended and therefore, the request for 5 chiropractic visits is not medically necessary.